## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. H0005012--1623

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, Scot Olson, entitled, for

## FLOURESCENT LAMP DRIVER SYSTEM

(X)		Patent Application.	
()		ing Application (prior application not abandoned):	
	( )	Continuation () Divisional () Continuation-in-part (CIP)	
		of prior application No: Filed on:	
	( )	A statement claiming priority under 35 USC § 120 has been added to the specification.	
Enclo	osed are:		
	(X)	Specification: 15 Total Pages.	
	(X)		
		Abstract: 1 Total Pages.	
	(X)		
	()		
	(X)	Oath or Declaration:	
		(X) A Newly Executed Combined Declaration and Power of Attorney:	
		() Signed. (X) Unsigned. ( ) Partially Signed.	
		( ) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).	
		( ) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the	
		oath or declaration is supplied, is considered as being part of the disclosure of the accompanying	
		application and is hereby incorporated herein by reference.	
		( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).	
	( )	Power of Attorney.	
	( )	Associate Power of Attorney.	
( ) A Check #[Check No.] in the amount of \$[Check Amount] for the Fees associated with this filing.			
	( )	Preliminary Amendment.	
	( )	A Duplicate Copy of this Form for Processing Fee Against Deposit Account.	
	( )	A Certified Copy of Priority Documents (if foreign priority is claimed).	
	( )	Information Disclosure Statement, Form PTO/SB/08 citing Reference(s).	
	(X)	Return Receipt Postcard.	
	()	Assignment and Recordation Cover Sheet.	
	()	Other:	
		CLAIMS AS EILED	

		CLAIMS AS FILEI	)	
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	_		\$18.00	
Independent Claims			\$84.00	
Multiple Dependent Clai	ms (if applicable)	•		
Assignment Recording F	ee			
Basic Filing Fee				
			Total Filing Fee	

Respectfully submitted D		Express Mail Label No.: ER454373094US		
		Total Filing Fee		
asic Filing Fee				
ssignment Recording Fee				
ultiple Dependent Claims	(if applicable)			
dependent Claims		\$84.00		
otal Claims		\$18.00 ·		

Respectfully submitted D
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